

Virginia Opioid Abatement Authority
Timeline for Project Number #2

Proposed by: City of Roanoke
(insert name of city or county)

Project Name: Certified Peer Recovery Specialists

Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.

#	Objective	REQUIRED														Optional																	
		FY23				FY24										FY25				FY26				FY27									
		March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
1	Hire Peer Recovery Specialist for Adult Detention Center					X	X																										
2	Peer supporting individuals at Adult Detention Center						X	X	X	X	X	X	X	X	X	X	X																
3	Peer supervision						X	X	X	X	X	X	X	X	X	X	X																
4	Peer evaluation							X			X			X			X																
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